U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U • 4 9/10

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name TEMOTHY	Name INT. ORGANIZATION OF MASTERS MATES & PILOTS				
	Labor Organization File Number 000-152				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street	Street 700 MARITIME RIVD.				
City Existrateon and the control of	City (City) Company and the company of the company				
State Maryland ZIP Code + 4 21090-0130	State Waryland ZIP Code + 4 21090-1941				
5. Position in labor organization.					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name 125271777368860000000000555779865677					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street Street	7.b. Amount.				
City City Company (1988) City City City City City City City City					
State State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Mary My	On 7/08/2005 410 850 8700 x 16 Telephone Number				
F I M 20 (0000)					

Name of Person Filing TIMOTHY BROWN		File Number U-	/0				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
Name and address of Business (including trade name, if any).	9. Business deals with:						
Name			j				
Trade Name, if any:	a. Labor Organization b. Trust						
P.O. Box, Bldg., Room No., if any	c. Employer						
Street			į				
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State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.					
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Trade Name, if any:		i en produktion de la comparie La graph Gardine Cardine La graph Cardine de la comparie					
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Street	11.b. Approximate dollar val	ue of such dealing.					
City White the state of the sta	12.a. Nature of interest he	ld or income received.					
State ZIP Code + 4		ada kalendari da kari Papaka kalendari					
	12.b. Amount.		想要空間更完 医遗迹层				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.						
(including trade name, if any). Name MASTERS, MATES & PILOTS TRUST PLAN	REIMBURSEMENT FOR JUNE 2004 (\$125) EXPENSES IN OCTOR	AND REIMBURSEMEN	UNE TRUST MESTING D'FOR MEAL				
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 700 MARITIME BLVD SUITE A							
City LINTHICUM							
State Maryland ZIP Code + 4 21090-1941							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Name of Person Filing TIMOTHY BROWN		File Number U- Q9/0					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
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Trade Name, if any:	a. Labor Organiza	tion					
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State ZIP Code + 4							
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Trade Name, if any:							
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	12.b. Amount.						
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
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Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 700 MARITIME BLVD SULTE A							
City ELEVERICON							
State Maryland ZIP Code + 4 21090-1941							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing TIMOTHY BROWN		File Number U-	970			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	THE STATE OF THE S			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		Sagrego accepto de punicada por sagela secto			
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